(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an Civil engineer, Physician, Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many (a) the kind of work and also (b) the Locomolive engineer,

Strtement of Cause of Death—Name, first, the DIS-BALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal flever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicidc. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuly "PUERPERAL seplicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Enhaustion," "Heart tanute,
> "Inanition," "Marasmus," "Old Age," "Shook," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart discase; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

KNOWLEDGE

(State or country)

(State or Country

(Address

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH .....(Day) and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: Secondary (Duration \*State the Disease Causing Death, or, in Violent Causes, state\_(1) Means of Injury and deaths from and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death... State... Where was disease contracted, if not at place of death? usual residence DATE OF BURIA 20 UNDERTAKE ADDRESS If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

of certificate proper eq BINDING back instructions RESERVED 99 20 impoi MARGIN DO 34 0 CAUSE Informati d state s should Every it CIANS stateme

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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed ," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation -Coal minc, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory

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S. No. B ż 11818

	Registration Dist. No.	4
	leath occurred in a horpital or institution, give its NAME instead of street and	
OS		osds.
	1	
as	tast Karlowsoo Mid.	C
1	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	Diale
-1	21. DATE OF DEATH	
	October (Bay)	, 193 (Yaar)
	22. HEREBY CERTIFY, That I attended  Clother 5 , 1921 , to October 5  I last saw him aliva on October 8 , 1931	1931
	to have occurred on that date stated above, at 9 1/4 m.	_; death is sald
s.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	were as follows:	Date of onset
The state of the s		
-	Tracture of skull	
1	Dired into a gravel fit"	of days
<		ago
	Other Coutributory Causes of Importance:	
	Makeles	64 rack
		- by way
	Name of operation Date of _	-
	What test confirmed diagnosis? Was there an	autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following	
	Accident, suicida, or homicide? Suscile Date of injury led	
	Whera did injury occur? Laural, Marylan	ud.
	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
	Manner of injury	
/	Nature of injury	
	24. Was disease or injury in any way related to occupation of deceased?	
	If so, specify	
	(Signed) John L. Williams	M. D.
	RAddress) S. S. Loupy Sy fles ville, M	1d

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:  Date of onset  The principal cause of death and related cause of importance were as follows:			ses Date of onset		
Arteriosclerosis	1915	Attack of epitepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by threet car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
		OCT 15 1931			
Other contributory causes of importance:		Other confribatory causes of importance:	32		
Gallstones	May 1,1923	Castroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

ARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	PECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 6 1021	July 5,1927	Perilonitis	3 days ago	
	RHERMAN				
Other contributory can	uses of importance:	F	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

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S. No.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxid, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
PHARAT V.S.				
Other contributory causes of importance: .		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. 8. No. 1

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Ever	CIAN	temen		
ORD	HYS	t sta		
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
NEN	CTL	ified.		
RMA	XA	class		
1 PE	ed E	erly	ficate	
IS	stat	prop	certi	
HIS	pe	be	Jo	
K-T	plnod	t may	TION is very important. See instructions on back of certificate.	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11821
1. PLACE OF DEATH	97)
County Carroll	Registration Dist. No. 75
Village or City hear manchester	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town where daath occurredyrsmos.	ds. How long io U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME of Lenga 9. Bor	ng
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	15 1931
5a. If marriad, wildowed, or divorced	(Month) (Oay) (Yaar)
HUSBAND of Martha & Borng	22. I HEREBY CERTIFY, That I ettended dacaased from
0 10 =	, t9, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Sept. 284 1857	I last saw h alive on, t9; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 10 A.m.
7   1 day,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as fallows:
8. Trade, profession, or particular	Cause of Death unknown Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Oate daceased iast workad at this occupation (month and	0.0 0 0 0
9. Industry or business in which work was dona, as SILK MILL,	Stales, Otomey
SAW MILL, BANK, atc	Natified
o this occupation (month and yaar) occupation occupation	arteria selffice; acute delatation of heart.
your control of the c	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)  Person (a)	Came into this State, from Consylvania, two or
	three weeks prior to death. Death due to phys-
E IS. NAME	Name of paration
13. NAME  14. BIRTHPLACE (city or town)  (Steta or country)	Name of oparation Oate of
(Steta of County)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME  15. BIRTHPLACE (city or town)  (State or country)	23. If daath was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (Stata ar country)	Accident, suicide, or homicide?Oate of injury, 19
the Committee of the Co	Whera did injury occur?(Specify city or town, county and State)
t7. INFORMANT MANUAL & SONG	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
t8. BURIAL, CREMATION, OR REMOVAL PO	Manner of injury
Place new Florance Date Vel, 19- 1931	Natura of injury
and 11/2 12 12	
19. UNOERTAKER COLUMN CARROLLA MACA	24. Was disease or injury in any way related to occupation of dacaasad?
at in Min mpe a.	(Signad) Pr. F Welley M. O.
20. FILEO Oct. 17 , to 31 1/2 - 17. 9. Secured	(Addrass) Manakester Ind

Registrar.

(Addrass) ..... Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Findthe particular kind of work done and return that, as spinner, weaver, etc.

BUREAU V.S.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gimes	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. MO. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

1. PLACE OF DEATH	(186-0)
County Carrolls.	Registration Dist. No.
Village or only Mest, Falls, = 9.7.D,	MAO. Liby July St, Ward St, Ward If death occurred in a pospital or institution, give its NAME instead of street and number)
9 7	osds. How long in U.S. if of foreign birth?mosmosds.
2. FULL NAME (bra Burness),	V
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH  Oct. = 76 = .193/, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of pidow of Cotsarles Burness	Lept 1, 1931, to Och 26, 1931
6. DATE OF BIRTH (month, day and year) 1880 - 2 - 2.	I last saw here alive on CT 24 , 19 1; death is said
7. AGE Years Months Days tf LESS than	to have occurred on the date stated above, at 4 A 1 m.
101 8 2 4 or min.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as fellows:
8. Trade, protession, or particular kind of work done, as SPINNER, Of farmer, SAWYER, BOOKKEEPER, etc.	Cerebral Hemorrhoge
SAWYER, BOOKKEEPER, etc	
SAWTER, BOUNCEFER, etc.  S. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Totat time (years)	
- this occupation (month and	
year) occupation	Other Contributory Causes of importance:
(State or country)	
	- Chenne Joes own of 10 " st
	Name of operation 2000 0 Oate of
(State or country)	What test confirmed diagnosis? Representative Was there an autopsy?
15. MATOEN NAME anne locamer.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicido, or homicide? Accident Date of injury albuin 1911/3
(State or country)	Where did Injury occur Of Course Ful and products Rip
17. INFORMANT Mrs. Oscar R. Hood. (Address) Mt. Ciry, Mill.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Burst, Date Oct. 78= 19-3	Manner of Injury
19. UNDERTAKER 6.M. Waltz. (Address) Hinsield and	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO Och. 29, 193/Ref. Delegder Registrar.	(Signed) (1 M, Van Voolem. p. (Address) Niteling Min
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECENTER	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	• 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	The Way 6 103	July 5, 1927	Peritonitis	3 days ago	
	BURSCAU W G				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	PLACE OF D	EATH	3 4 5 3 2 5	4 - 3 -	HTTP:
	County Carrol	1			(23)
Vi	llage or City Hen1		Tuberculos (No. Colore	ed Br	anatorium
	<sup>2</sup> FULL NAM	E Genev	a Clifford	1	
	PERSONAL AN	D STATISTICAL	L PARTICULAR	5	ME
		plored	INGLE. ARRIED, IDOWED. Mar: R DIVORCED Mar: Vrite the word)	ried	16 DATE OF DE
6 1	DATE OF BIRTH	lug., 9, 1	1914 , 1	(Year)	17 I HEF Oct., 12, that I hast saw h
7 /	17	yrs. 2 mos.		SS than hrs.	and that death of The CAUSE OF I
X You	Trade, profession articular kind of wor h) General nature of usiness, or establishm	k industry ent in	Housewif	e	Pu
_	which employed or (en BIRTHPLACE (State or country)	Virginia		••••••••••	Contributory Secondary
	10 NAME OF FATHER	Jacob Ki	rkpatrick		(Signed)
ARENTS	OF FATHER (State or country) 12 MAIDEN NAME	North Ca	rolina		*State the Violent Causes Accidental, Suic
PAF	OF MOTHER	Henriett	a Abbott		18 LENGTH OF
-	OF MOTHER (State or Country)				At place O yrs. O
14	(Informant)	TO THE BEST OF	Tarin'	U.	if not at place of Former or usual residence.
		Henryton.	Maryland.	a.d	19 PLACE OF BU

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 74

(if death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL C	CERTIFIC	ATE	OF D	PEAT	H	
16 DATE OF DEATH	t., 25	,	193	1	, 192	
# 0 cm ==== == = = = = = = = = = = = = = =	(Month	)	(1	Day)	(Year	.)
17 I HEREBY CER						
Oct., 12, 1931	192 . to	ct	• ,	25,	1931,	
that I isst saw h er air	e on Oct	,	25,	19	31 , 192	
and that death occurred o	n the date		d abov		7.55 I	? _
The CAUSE OF DEATH *			u abov	e, ac		
***************************************	***************************************	•••••				
Pulmona	ry Tub	er	cul	osi	5	
**************************************	(Duration)	**********	0	3	0	*****

10/2	25/	31,	12/ (A	dress) He	nryt	on	1	Md.	
				Causing					

Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (FO	r Hospitals, Institutions, Trans
ients or Recent Residents)	
A. 1	1.4.

Where was disease contracted, Baltimore, if not at place of death?

N. Bond St., Balto.,

Г	dadai icaidence	***********************		*******************************	*************
ı	19 PLACE OF BU	JRIAL OR REMO	VAL	DATE OF	BURIAL
ľ	- (7/)	0 -	1 -	1.00	

20 UNDERTAKER

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 00 statement

15

CIAI

(Address)

Filed 10/25/31192

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Solesmon, (b) Grocery, man, (b) Automobile foctory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railwoy train-(Recommendations on statement of cause of death Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is Ward) stead of street and <sup>2</sup>FULL NAME number.) stated certi proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED, MARKET be may be OR DIVORCED (Write the word) (Month) ....(Day)... 8 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from that n terms so than See instruction (Day) 7 AGE IIfLESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF min.? or 8 OCCUPATION (a) Trade, profession or warticular kind of work carefully pla (b) General nature of industry important. business, or establishment in <u>r</u> (Duration) \_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ which employed or (employer) H Contributory 9 BIRTHPLACE Secondary (State or country) OK DO 10 NAME OF TI ME FATHER sho = 0 (Address) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Z no (State or country) TIO 2 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME C d OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform state CCUP! ients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER of Id (State or country) Where was disease contracted, if not at place of dea.h?..... of shou Every item CIANS sho statement usual residence .... 19 PLACE OF BURIAL OR REMOVAL If more Wanks are seeded, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physicim, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Cure should be taken definite salary, may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer. (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. single word or term on Grocery,

Statement of Cause of Death—Name, first, the DIS-EARS CAUSING DEATH (the primary affection with respect to time and cause tion), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Lighthera, avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchepneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, by cough; Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH STATE OF MARYLAND HYSICIANS statement of CERTIFICATE OF DEATH Registration Dist. No.... fit death occurred in St.:....Ward) a hespital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. PERMANENT WIDOWED OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 00 (Month (Day) 10 7 AGE If LESS than 1 day, brs. E CK O follows; OR min.? OCCUPATION (a) Trade, profession, or Ilddns particular kind of work. (b) Geoeral nature of Industry instruct business, or establishment in termi which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 18 NAME OF FATHER (Signed) S 11 BIRTHPLACE RENT OF FATHER State the DISEAS CAUSING DEATH, or, in deaths from VIOLENT (State or country 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL ation OF MOTHER 0 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 14 13 BIRTHPLACE At siace in the S OF MOTHER of death (State or country) .....yrs. State. \_\_\_\_\_\_yrs. \_\_\_\_mos. Q. Where was disease contracted, Z O If not at place of death? TIO! Former or Every inenshould sta esual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20/UNDERTARER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 16 My. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons employed, as At school or At home. Care should be mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the requieer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulspecially in industrial employments, it is necessary to Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever The material worked on may form part Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,"); Lobar pneumonia. indefinite); Tuberculosis of lungs, menia-

under the head of "Contributory." (Recommendations SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: nephritis, etc. ges, perilonacum, etc., ('arcinoma, Sarcoma, etc., of on Nonienclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated Struck state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantition," "Marasmus," "Old Age," "Shock," "Uraemia," "Wcakness," rent) affection need not be stated unless cough; Chronic variable heart disease, Chronic interstitual "Tumor" for malignant neoplasms); Mensles, Whooping on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" by railway train-accident; Revolver wound "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercuris less definite; avoid use of Never report mere ACCIDENTAL, unportant. ("Con-

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PAREN

PLACE OF DEATH County Carroll,

Henryton

Tuberculosis Sanatorium Colored Branch

Contributory Secondary

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 74

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

¥ .	mage or City			*********	(No	
	²FULL N	NAME	Wil	liam	James	Curtis
	PERSONAL	AND S	TATIS	TICAL	PARTICU	LARS
3	SEX 4	COLOR	OR RACE		GLE. RRIED.	
N	Male	Colo	red	WID	DIVORCED te the word)	ingle
6	DATE OF BIRTH					
	dec.com	Nov	., 23		911 (Day)	., 1(Year)
7	age	yrs.	10	"mos		If LESS than I day hrs.
LE (F	occupation (a) Trade, profess particular kind of (b) General nature pusiness, or establi which employed or	ion or work of indu	istry in		armer	
9 1	(State or country)	M	aryla	and		
	10 NAME OF FATHER	H	enry	Curt	is	
	II BIDTHPI ACE					

	(State or country)	Maryland	
	10 NAME OF FATHER	Henry Curtis	
2	11 BIRTHPLACE OF FATHER (State or country)	Maryland	

12 MAIDEN NAME OF MOTHER Mary Liza

OF MOTHER Maryland (State or Country)

13 BIRTHPLACE

14	THE ABOVE IS	TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant)	The Reell,

	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		
5	Filed 19/1/31	192	du/C	Mill
		Deputy	Local	Registrar

Henryton. Md

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Year) (Year) I HEREBY CERTIFY. That I attended the deceased from June. 8. 1931 that I last saw h im alive on Oct. 1. and that death occurred on the date stated above, at 3 a 00 A The CAUSE OF DEATH \* was as follows: Pulmonary Tuberculosis

or, in

\*State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. deaths from (2) Whether and

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the State 19 yr. 10 mos. 7 ds.

Where was disease contracted. Charlotte Hall, Md if not at place of death?

Former or Charlotte Hall, Charles Co., Md

19 PLACE OF BURIAL OR RE	MOVAL
Bryantour	West !
20 UNDERTAKER	
All LA FI	Mr.

If more branks are naeded, address State Registrar, 16 W. Saratoga St., Bato., Requesting

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Wilnow
laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enen at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Or. yrs). At Home, and children, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart ranue,
"Old Age," "Shock,"
"Tranition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-(secondary Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage,"

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properly

OK OCCUPA.

Krery item of infor-

### STATE OF MARYLAND—CERTIFICATE OF DEATH

-1	1	0	63	B-dk	
1		O	- 3	4	

	1. PLACE OF DEATH	93-0
	County Carroll	Registration Dist. No.
	Village or City Mean Stoodlovee,	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?
	2. FULL NAME Stammel a Day.	
	(a) Residence: No.	St. Ward.
16.2	(Usual place of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE CORDINATED OR DIVORCED (write the word)	21. DATE OF DEATH  Oct = 30 3 / 193 / (Year)
5	Husband of Cory Wife Corp	22. I HEREBY CERTIFY, That I attended deceased from Supt. 1931, 10 Oct 30, 1931
ع ا	6. DATE OF BIRTH (month, day, and year) $1881-2-28$	I last saw h alive on OeT 28 ,19.3.1.; death is said
certificate	7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 7,30 m.
a la la	0 8 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:  Date of onset
10	8. Trade, profession, or particular kind of work done, as SPINNER, farmers, SAWYER, BOOKKEPER, etc.	acrite Hypertrophy of The Least
Dac	work was done, as SILK MILL,	Colletain 1
instructions on back	10. Date deceased last worked at this occupation (month and year) occupation (month and year)	
netion	12. BIRTHPLACE (city or town) Maryland, (State or country) Maryland,	Other Contributory Causes of importance:  Chronic Myceardelis
Str	13. NAME John J. Day.	with Sittle bus
See In	14. BIRTHPLACE (city or town) Haylangel, (State or country)	Name of operation Date of Date of What test confirmed diagnosis? My and Jun Was the gran autopsy? My
בו וני	15. MAIDEN NAME Olizabeth Seather nood	23. If death was due to external causes (VIOLENCE) fill In also the following:
porta	16. BIRTHPLACE (city or town) - May and land.	Accident, suiside, or homicide? Date of injury, 19, Where did injury occur?
is very important.	17. INFORMANT J. J. Scattherwood (Address) 3317.0. St. n. M. Washington D.C.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Place Mrgan Chaplenote. Nos-1= 1931.	Manner of Injury
LION	19. UNDERTAKER M. M. Maltz. (Address) Mustield M. M.	Nature of Injury  24. Was disease or Injury In one way related to occupation of deceased? NO  If so, specify
	20. FILED Oct 30, 131 Tyra M. Hewelt	(Signed) (Address) May Day Miles
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 9 1931	July 5,1927	Peritonitis	3 days ago
	SETTIFE TOWN THE WORLD			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year
		1		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant Cook definite salary), may be entered as Housewife, House-Civil engineer, Physician, Compositor, tired 6 yrs). business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, etc. valvular heart disease The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTLY, (If death occurred in a hospital or institu-tion, give its NAME in-steed of street and .....Ward) certificate number.) properi PERSONAL AND STATISTICAL FARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. 4 COLOR OR RACE 3 SEX MARRIED, Marra pe may be n back OR DIVORCED Write the word (Month) (Day) (Year)... I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH nstruction (Day) (Year) (Month) and that death occurred on the date stated above, at 3,30 P. m. If LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: supplied or min.? OCCUPATION (a) Trade, profession or particular kind of work be carefully EATH in plai (b) General nature of industry business, or establishment in importa which employed or (employer) Contributory 9 BIRTHPLACE Secondery (State or country) (Durstion) should i 10 NAME OF (Address) 11 BIRTHPLACE RENTS OF FATHER \*State the Disease Causing Death, or, deaths from ATION CAUS Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME Informati 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE In the At place of death \_\_\_\_yrs.\_\_\_\_ds. OF MOTHER State... (State or Country) Where was disease contracted, if not at place of death?..... shoul Every item CIANS sho statement Former or usual residence... (Informant) CE OF BURIAL OR REMOVAL (Address 20 UNDERTAKET Registrar If more bienks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foremon, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, (b) Cotton mill; (a) Solesman, (b) without more precise specification as Day (b) Automobile foctory. The material For persons who have no occupation to None. Loborer--Coal mine, etc. Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); whatever, write Nonc.

Statement of Cause of Death—Name, first, the DisStatement of Cause of Death—Name affection with respect fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospina Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on (Recommendations on statement of cause of death stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Leagnus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping American Medical Association.) Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is lcss definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart Nomenclature disease; not be

appreciation detail, it will prevent further correspondence, data is essential and must be obtained before the cer-If this certificate is looked over thoroughly and all questions ssential and must be obtained before the certificate is

anently filed

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in Ward) Village or City a hospital or institu-tion, give its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED be BINDING WIDOWED. OR DIVORCED I HEREBY CERTIFY, That I attended the decease 6 DATE OF BIRTH (Day) (Year (Month) and that death occured on the date stated above, IIf LESS than 7 AGE I day hrs. ARGIN RESERVED 8 OCCUPATION (a) I rade, profession or particular kind of work plain (b) General nature of industry Importan business, or establishment in UNFADING which employed or (employer) Contributory ET 9 BIRTHPLACE (State or country (Duretion) 10 NAME OF FATHER .195 (Address) / 0 11 BIRTHPLACE 00 W \*State the Disrase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER PARENT ATION (State or country 12 MAIDEN NAME informat SLENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) state ccup/ 13 BIRTHPLACE At place OF MOTHER of death (State or country 00 Where was discose contracted, if not at place of death? BEST OF MY KNOWLEDGE of usual residence. (Informant) DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVA Every it CIANS statemen (Address) ADDRESS 20 UNDERTAKER If more bianks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesexpetion is very important, so that the relative health Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dcalwhatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-37.8). man, (b) Automobile factory. The material without more precise specification as Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many For persons who have no occupation -Coal mine, etc. Wom-As examples : (a)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitie"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonass. Bronchopneumonia ("Pneumonia")

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rered in derail, it will prevent further correspondence. . . the is exsent.al and must be obtained before the cartificate is

permanently filed.

"Exhaustion," "Marasmus," "Old Age,
"Inanition," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, inges, peritonaeum, etc., Carcinoma, use of "Tumor" for malignant neoplasms); . .... (name origin; "Cancer" is less definite; avoid If this certificate is I oked over thoroughly and all qu. tions are read in derail, it will prevent further correspondence. . . the tetanus may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "PUERPERAL septicuemia," "PUERPERAL peritonitis," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of eause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy" "Collapse," "Coma," FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by Committee on cough; Chronic etc. valvular heart disease; Nomenclature The contributory Sarcoma,, etc., of ", "Convulsions, Measles not be

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, giva its NAME is -Ward) stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED Mide 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. BINDIN (Write the word) (Month) ...(Day). 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) IlfLESS than 7 AGE and that death occurred on the date stated above, at .... The CAUSE OF DEATH \* was as follows: B OCCUPATION 90 (a) Trade, profession or E 0 particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer)... Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) ..... 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether RENT (State or country) CAU Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCU2A ients or Recent Residents) 13 BIRTHPLACE At place of death \_\_\_\_\_yrs.\_\_\_\_ds. In the OF MOTHER (State or Country) Where was disesse contracted, if not at place of dea.h?...... Every item CIANS sho statement Former or usual residence If more banks are needed, addre s tate Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH. en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Luborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material (6) Grocery Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respec fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

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answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is

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permanently filed.

as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping If this certificate is looked over thoroughly and a l qu stions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease; Always qualify all

V. S. No. 1

PLACE OF DEATH County Currolf	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Hampsteado.  2FULL NAME Kathrigu Z.	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, MARRIED, WIDOWED. OF DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  Cufust 4, 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Sept 23 1 197/ to But 3 tt , 197/ that I last saw h Amalive on Cus 4 tt , 193/
7 AGE    If LESS than   I day hrs.   ds.   or min.?	The CAUSE OF DEATH * was tas follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Mary Cand	(Durstion) 7 yrs. 2 mos ds  Contributory Secondary (Duration) yrs. mos ds
10 NAME OF FATHER WAY LOSUELL  11 BIRTHPLACE OF FATHER (State or country)  W	(Signed) — M. D. M
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(Informant) MM adam Luyder  (Address) Hamptead Md  Filed Oct 5 198 10 mg & Leisler	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Quit 7, 1931  20 UNDERTAKER  ADDRESS
Registrar  If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Mo

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queslaborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, sary to know (a) the kind of work and also (b) the " etc., without more precise specification as Day Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The Laborer-Coal minc, etc. Wommaterial

Statement of Cause of Death—Name, first, the pirstasse Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrogue fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crpup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition, "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," Whooping (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; " "Marasmus, " "Old Age, " "Shock, "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Carroll	Registration Dist. No. 74
	No. Spring field State Hospital St, Ward death occurred in a histal or institution, give its NAME instead of street and number)
(If	death occurred in a handtal or institution, give its NAME instead of street and number)  . / B. ds. How long in U.S. if of foreign birth? yrs ds.
2. FULL NAME George Names	13. U.S. How long in O.O., if of foliage bitting.
	Culfoun St. Ward. Baltimore, Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH October 15-4 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from
6. OATE OF BIRTH (month, dey, and year) December (luch/ 1853	January 27th, 1930, to October 15th, 1931. Hest saw hour alive on October 14th, 1931; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the dete stated above, at 3.55 A.m.
77 /0 - 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, Day Laborer SAWYER, BOOKKEEPER, etc. 9. Industry or business In which	Corolard atterior les Pronto
9. Industry or business In which work was done, as SILK MILL,	Jan.
SAW MILL, BANK, etc.	7930.
11. Total time (years) this occupation (month and Rucknown year) year) occupation occupation	
7	Other Contributory Causes of importance: Pronito
12. BIRTHPLACE (city or town) unpurown (State or country) Pennsylvania	Interstitial Mephritis Jan.
II 13. NAME Lukwown	1936
14. BIRTHPLACE (city or town) Curkwown	Name of operation None Date of
(State or country) Wicknown	What test confirmed diagnosis? Physical thebrata, Wes there an autopsy? lo
15. MAIDEN NAME Verferown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) CState or country)	Accident, suicide, or homicide?Oate of injury, 19
17. INFORMANT fringfield state Hospital (Records).	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18 SURIAL CREMATION, OR REMOVAL	Manner of injury
Gracimoust Como Oct 17,031	Nature of injury
19. UNDERTAKER / Luc. Cook (Address)	24. Was disease er injury in any way related to occupetion of deceased? 74.
20. FILED Det. 15, 1931 OHany Wee	(Signed) John Worfolk Morrs, M.D.
Registrar.	(Address) (S.S.H.) Styfesville, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "finitly" etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive rites, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF EXACTLY, P Registration Dist. No. ...... Ward) (If death occurred in a hospital or institu-tion, give its NAME inproperly cla stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, may be MARRIED. WIDOWED pino OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH +ms so that instructions that I last saw her alive on (Month) (Day) (Year) and that death occurred on the date stated above, ot . . . . 7 AGE If LESS than pplied The CAUSE OF DEATH & was as follows: I day .... hrs. ..ds. or .... min. ? 99 8 OCCUPATION (a) Trade, profession or 2 refully particular kind of work ..... e ADING ä (b) General nature of industry importan (Duration) O yrs. Q mes. Z business, or establishment in 드 which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 1 ery ш p 10 NAME OF FATHER i. 00 0 (Address) . .... W Z H BIRTHPLACE H AUS OF FATHER C () \*State the Disease Causing Death, or, in deaths from (State or country Violent Causes, state (1) Means of Injury; and (2) whether ш Accidental, Suicidal or Homicidal. C 12 MAIDEN NAME Is should state O 0 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER State, ..... yrs. .... mos. .... da (State or country Where was disease contracted, if not at place of death?. Every Item CIANS short Former or usual residence. PLACE OF BURIAL OR REMOVAL Registrar If more blanks are needed, address State Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

RESERVED

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation -Ccal mine, etc. Wom-

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-aecident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or momicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age." "Shock," vulsions," symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Weaknes:" cte., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorconditions, such as "Astheuia," "Anaemia" causing death), 29 ds.; Bronchopneumonia (secondstated unless important. use of "Tunuor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; .. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), Example: Meastes (disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. LY, WITH UNFADING INK--THIS IS A PERMANE. WRITE PLA

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	11835 STATE OF MARYLAND
County Cakroll	CERTIFICATE OF DEATH
1 - + -	Registration Dist. No.
Village or City Janey Own (No.	St.: Ward) (if death occurred in a hospital or institution, give its NAME in-
2FULL NAME Pristelizabette a	delaile Hill stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  B SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  Sune 2, 1851	17 OI HEREBY CERTIFY, That attended the degeneral from
(Month) (Day) (Year)	and that death occurred on the data stated above, at 1921,
DO 11 1 day hrs.	The CAUSE OF DEATH * was as follows
8 OCCUPATION	(0.47)
(a) Trade, profession or Housework	
(b) General nature of industry business, or establishment in	(Duration) yre
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Carroll Co.,	Secondary (Duration) yrs
10 NAME OF William Hill	(Signed) Charley a. Blist M.D.
OF FATHER  (State or country)  12 MAIDEN NAME  O	*State the Disease Causing Death, or, (it deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Maria Jennel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of desth?
(Informant) Loe a Hill	Former or usual residence
(Address Janeytown Md	Store of Burial or REMOVAL DATE OF BURIAL STANDARD STANDARD ON 1931
15 Filed St. 5 193 Mary B. Wift Registrar	20 UNDERTAKER DANGETOWN, Ind.
If more bianks are needed, addrais Stata Registra	r, 16 W. Seratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) sary to know (o) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a yrs). Form loborer, (b) Cotton mill; (a) Salesman. without more precise specification as Doy (b) Automobile factory. The material For persons who have no occupation Laborer-Cool mine, etc. single word or term on (6) Grocery;

EASE CAUSING DEATH (the primary affection with respectto time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral
feer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL perilonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory Always qualify all

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FOR

ARGIN RESERVED

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

number.)

Hospitals, Institutions, Trans-

State.....yrs.....mos.....

ADDRESS

DATE OF BURIAL

In the

(Approved by U. S. Census and American Public Health Association.)

tired 6: yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., Spinner, (b) Collon mill; (a) Salesman, (b) Grocery, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death a hospital or institu-tion, give its NAME is -Ward) stend of street and number.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGL 4 COLOR OR RACE 16 DATE OF MARRISO. IDOWED BINDIN 6 DATE OF BIRTH uo Instructions that (Year) 0 [If LESS than 7 AGE and that death occurred on the date stated above, at supplied. I day hrs. RESERVED ....min.? 8 OCCUPATION 00 (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or BB. (Duration) DO 34 hor O (Address) 00 (O) LLI ARENTS CAUS Visrase Causing Death, or, in information state (1) Means of Injury Causes, and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCU2/ Recent Residents) In the At place of deat State..... 00 Where was disease contracted, of of if not at place of dea.h? shoul 14 THE ABOVE IS TRUE Item Every Item CIANS sho statement Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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ee Instructions on back of certificate. FOR BINDING that H UNFADING INK--THIS MARGIN RESERVED CIANS should statement of C

6

7

PARENTS

15

(Informant)

(Address

10/2/31.192

1	1839
PLACE OF DEATH	
County Carroll	(23)
Md. Tuberculosis San	netonium
Mar I additional 1	na our rum,
Hage or City Henryton (No. (Colored )	Branch)
2FULL NAME HOWard Bernard Lee	
PERSONAL AND STATISTICAL PARTICULARS	,
de Color or RACE SINGLE.  MARRIED. WIDOWED. Single OR DIVORCED (Write the word)	16 DATE OF
Feby II, 1888. , 1	June 2
(Month) (Day) (Year)	that I last say
If LESS than I day hrs. 7 mos. 2I de. or min.	The CAUSE O
a) Trade, profession or Porter	Pulmona
b) General nature of industry usiness, or establishment in ???? which employed or (employer)	***************************************
(State or country) Maryland	Contributo Secondar
10 NAME OF FATHER LAWRENCE Lee	(Signed) 10/2/31
OF FATHER (State or country)  Maryland	*State Violent Car
of Mother Florence Wallace	Accidental, S
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place O of death yra

John E. O'Neill

Dep.

Henryton, Md.

Loca:

20 UNDER

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist; No. 74

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

DATE OF BURIAL

ADDRESS

MEDICAL CER	TIFICATE OF DEATH
16 DATE OF DEATH Oct. 2	2, 1931.
***************************************	(Month) (Day) (Year)
17 I HEREBY CERTIFY	Y, That I attended the deceased from to OCt. 2, 1931, 192
	Oct. 2, 1931 192
and that death occurred on th	o date stated above, at IOPM . m.
The CAUSE OF DEATH * was	as follows:
Pulmonary Tuberc	ulosis
(0	Ourstion) Oyrs mos ds.
Contributory Secondary	Justion)de
(Signed)	Henryton, Md.
	using Death, or, in deaths from Means of Injury and (2) Whether al.
18 LENGTH OF RESIDENCE ients or Recent Residents)	(For Hospitals, Institutions, Trans-
At place 0 yrs 3 mos 8 ds.	In the 43 yrs. 7 mos 2I ds.
Where was disease contracted, if not at place of death?	Baltimore, Md.
Former or	Baltimore, Md.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all ", Uraemia, (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease or intercurrent) affection Chronic valvular heart disease; etc. The contributory affection need not be

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed For many occupations a single word or term on or especially in industrial employments, it is neces-W.8). Farm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman. -Coal minc, etc. Locomotive engineer, (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the Distant: Cause of Death Name, first, the Distant: Cause of Death (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinut fewer (the only definite synonym is "Epidemic cerebrospinut synonym is name of "Croup"); synal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e. g., scpsis, telanus) inay be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERFERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid approved by Committee on earbplic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease affection need valvular heart Nomenclature of the Always qualify all ," "Convulsions, not be disease;

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BINDING

MARGIN RESERVED

V. S. No.

properly classified. should be stated See Instructions that DEATH in plain Every Item of Information should be carefull CIANS should state CAUSE OF DEATH in pit statement of OCCUPATION is very important. PLACE OF DEATH

Filed 10/4/31.

County Carroll

Md. Tuberculosis Sanatorium. (Colored Branch) Village or City Henryton

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

	2FL	ILL NAME	Mat	tie M	lora	nt,	
_	PERSO	NAL AND	STAT	STICAL	PAR	TICU	LARS
	male	4 COLOR	100	WI	NGLE, RRIED DOWE DIVOI rite the	D. RCED	rried
6 1	DATE OF BII	RTH					
		Ma	***********	, I90	8. (Da	у)	., 1(Year)
7 /	AGE	23 yr	. 4	mos.	6		If LESS than I dayhrs ormin.
()   b   v	Trade, proportion of the propo	rofession or nd of work, nature of in- establishmen yed or (empl	dustry		ouse		
	(State or co	untry)		Sout	h Ca	aro.	lina
	10 NAME (			Jani	man	McF	night
PARENTS	OF FATE (State o			Sout	h Ca	arol	lina
PARE	12 MAIDEN			Lizz	ie V	V113	liams
	13 BIRTHP OF MOTI (State of			Sout	h Ce	irol	lina .
4	THE ABOVE	IS TRUE TO	THE B	EST OF N	MY KN	OWLE	DGE
	(Informant	<u> </u>		n E.			
	(Add	rose	nei	gryto	II A	10.	

MEDIC	AL CERTIFI	CATE OF	DEATH	
16 DATE OF DEATH	Oct. 4,	1931.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	192
b	(Mor	nth)(	Day)	(Year)
9/30/3I HEREBY	CERTIFY, T	oct.	4, I9	3I, 192
that I last saw h 6	r 00	t. 4.	T93T.	100
and that death occur			ve; at 20	L IVL on
The CAUSE OF DEAT	TH * was as fo	llows:		
Pulmonar	y Tuberc	ulosis		
	(Duratio	on) 0yr	. 4 m	Od
Contributory Secondary	~*************************************		***************************************	>
	Durki	on)	2/m	04,d
	190	(///		W IM.
10/4/31.	- XY MM	7		
10/4/01.192	(Address) H	enryto	n, Md	.a
*State the D Violent Causes, st Accidental, Suicidal	/			
18 LENGTH OF RE	SIDENCE (For	Hospitals.	Instituti	one Tree

Where was disease contracted, if not at place of death?.....

Baltimore.

usual fesidence

Registrar

Baltimore

ADDRESS

20 UNDERTAKER

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The Nomenclature of the contributory

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V. S. No. 1

N. B.-

PLACE OF DEATH	STATE OF MARYLAND
County Lastor	CERTIFICATE OF DEATH
0 : 19	Registration Dist. No. 72
Village or City Action (No	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and
2FULL NAME Slesling IN My	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male.  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 192 , (Month) / (Day) (Year)
6 DATE OF BIRTH  ANOth (Day)  (Year)	I HEREBY CERTIFY, That I attended the deceased from  193 / to Oct , 193 / ,  that I last saw him alive on Oct 6 , 193 / ,
7 AGE    If LESS that   1 day hree   hree	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Mulesa Infuell-
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Quioll les Isld	Contributory Secondary (Duration) 1 yrs mos ds.
10 NAME OF Stesling & Alegan	(Signed) The Short M. D.
OF FATHER (State or country) Cornell len Sand	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Strain Matteria	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Cornell	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Sterling of January	Former or usual residence
(Address) Whisturity	Selety Run Cometous Oct 9, 193/
Filed Och 7th. 198/ Calvin Bankert, Registrar	John M. Little Hon Littlestown, By
If more hanks are needed, addre a State Registr	ar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASC CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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American Medical Association.)

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S. No.

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N. B

+	1PLACE	OF DEA	тн	H	ANDER	11843	STATE OF M	MARYLAND
	County Ca	arroll.				(23)	CERTIFICATE	
	• •••••••			Tubercu	losis S	anatorium		
						Branch)	Registration D	Pist. No. / T
Vi	llage or City	, Henry	ton	(No			St.:Ward)	(if death occurred is a hospitel or institu- tion, give its NAME in
	2FU	LL NAME_	Este	lle Nels	on	********************************	1	tion, give its NAME in stead of street and number.)
	PERSON	NAL AND	STATISTIC	AL PARTIC	JLARS	MEDI	CAL CERTIFICATE O	F DEATH
	SEX	4 COLOR	OIL HAGE	SINGLE, MARRIED,		16 DATE OF DEATH	1 0 0 7 0 70	
F	emale	Colo	red	WIDOWED. OR DIVORCED (Write the word	Single	100-000,000	Oct., 12, 19	, , , , , , , , , , , , , , , , , , , ,
6	DATE OF BIR	тн				17 I HEREE	Y CERTIFY, That I atte	nded the deceased from
		Ju	me 7,	1902	7	July, 8, 1	927 192 to Oct.	,12, 1931,92
		***************	(Month)	(Day)	, Year)	that I last saw h	r alive on Oct., 1	2, 1931, 192
7	NGE				If LESS than		erred on the date stated	
		00	A	5	l day hrs.	The CAUSE OF DEA	TH * was as follows:	
_	***	29 yrs.	m	os. 5 de	or min.?	}		
1	a) Trade, pre	ofession or				Pul	monary Tuberc	ulosis
	articular kin			Teach	er			
b	b) General na usiness, or ea	stablishment	in				(Durstion)	vrs 7 mos 25 de
V	which employe	ed or (emplo	yer)				(Durstion)	yrs,de.
9 E	State or cou	intry)	200			Contributory Secondary		***************************************
	10 NAME O	E'	Maryl	and		"(	(Dustion)	yıs. mos de,
	FATHER		Ceang	e A. Nel	son	(Signed)	Amuca	Mew M.D.
S	11 BIRTHPL	ACE	Georg	C A. 1161	.5011	10/12/31 192	(Address) Henry	ton, Md.
ENTE		country)	Maryl	and		*State the Violent Causes,	Disease Causing Death, state (1) Means of Inju-	or, in deaths from ary and (2) Whether
PAR	12 MAIDEN OF MOTH		Blanc	h Rice		18 LENGTH OF R	ESIDENCE (For Hospita	
	13 BIRTHPL					ients or Recent R		00 4 5
	OF MOTH (State or		Maryl	and				29 yrs. 4 mos. 5 ds.
14	THE ABOVE I	S TRUE TO		F MY KNOWL	EDGE	Where was disease cor if not at place of de	tracted. Baltimore	, Md.
	(Informant)		There	On	sell,	Former or 506	Bloom St., B	alto., Md.
	(Addg	He	nryton	, Md		19 PLACE OF BURN	LOTH line	PATE OF BURIAL
15	Filed 10/1	12/31 19	Deputy	Local	Mecl), Registrar	20 UNDERT KER	13 Themesto	578 Brole
					tate Registras	, 16 W. Seratoga St.,	Belto., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of etc. The contributory

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, nill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Last the
The principal cause of death and related causes of importance were as inhows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis NOV 3 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUENATI V. 3.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

SCUPA-

properly classified. Exact statement of

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE	OF	MARYI	AND-CERTIFICATE	OF DEATH
SIAIL	OI.	MIVIVI	AND CENTILICATE	OI DEAT

County Carrol  Village or City Suymax  No.  No.  No.  No.  No.  No.  No.  No	1. PLACE OF DEATH	CERTIFICATE OF BEATH 1184	5
Village Dr City Support  In death occurred in a hospital or institution, give it NAME instead of street and number?  (a) Residence in city or twen where death occurred 2 yrs	County Carroll	Registration Dist No. 27	
Langth of residence in city or furn where death occurred. J. yrsmostds. How long in U.S. If of foreign birth?yrsmostds.  (a) Residence: No (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX (COLOR OR RACE S. SINGLE, MARRIER) PUROWED.  Sa. If married, widowad, or shorted with the work of the same of the state of the work of the same of the same of the work of the same of th	Village Dr City Steepmar	No.	Ward
(a) Residence: No. (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (with the word) OR DIVORCED (with the word) OR DIVORCED (with the word)  5. If matrice, indowad, or divorced (or) white the word) (or) white or divorced (or) white the word)  6. DATE OF BIRTH (month, day, and year) (by 1 / 5 7 / 7)  7. AGE  7. AGE  8. Trade, profession, or particular (with the word)  8. Trade, profession, or particular (with the word)  9. Trade, profession, or particular (with the word)  10. Saw Mill, BAK, etc. 10. Date of matrices in which work do as a solit, MILL following the word (with the word)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BIRTHPLACE (city or town)  18. BIRTHPLACE (city or town)  19. Under Award and external causes (VIOLENCE) fill in also the following: Accident, swide, or homicide?  19. Under Award and external causes (VIOLENCE) fill in also the following: Accident, swide, or homicide?  19. Under Award and the external causes (VIOLENCE) fill in also the following: Accident, swide, or homicide?  19. Under Award and the external causes (VIOLENCE) fill in also the following: Accident, swide, or homicide?  19. Under Award and the external causes (VIOLENCE) fill in also the following: Accident, swide, or homicide?  19. Under Award and the external causes (VIOLENCE) fill in also the following: Accident, swide, or homicide?  19. Under Award and the external causes (VIOLENCE) fill in also the following			
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED OR DIVORCED Currice the word)  58. If married, widowad, or divorced WISBARD of Or Or Interest of Control of	2. FULL NAME Harvey Eugene nor	res	
3. SEX A. COLOR OR RACE  OR DIVORCED (centre the word)  5a. If married, widowad, or divorced (con) where word (con) where or Divorced (con) where or D			
OR DYORCED (write the word)  So. If married, videwad, or divorced HUSBAND of Cor) write of Poutla Moores  HUSBAND of Poutla Moores  6. DATE OF BIRTH (month, day, and year) flys. (9 8 7 5 7 7 8 7 8 7 8 9 8 9 8 9 8 9 8 9 9 9 9 9		MEDICAL CERTIFICATE OF DEATH	
59. If married, victoward, or divorced HUSBADO of Cort WHF or Duttles Moores  F. DATE OF BIRTH (month, day, and year) Life of the Cort of Cort WHF or Duttles Months  F. DATE OF BIRTH (month, day, and year) Life of the Cort of Cort WHF or Duttles Months  F. DATE OF BIRTH (month, day, and year) Life of the Cort of Cort with the Cort with the Cort of Cort with the Cort of Cort with the Cort of Co	OR DIVORCED (write the word)	Oct. 29 ,193	(Year)
T. AGE  Years  Months  Days  If LESS than I day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:  Date of onest  Note of the profession, or particular were as follows:  Date of onest  Note of Death and related cause of importance were as follows:  Date of onest  Date of onest  The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:  Date of onest  Date of on	HUSBAND of		1 1 1 1
7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:  Date of onset  Date of on	6. DATE OF BIRTH (month, day, and year) lets, 19, 1875	Hast saw h fundive on Det. 28 193/ de	ath is said
8. Trade, profession, or particular side of work done as SPINNER. Tracklimani Skind Ski	7. AGE Years Months Days If LESS than	1/4-1	
S. Trade, profession, or particular S. Mark BOOKKEPER, rec.  SAWYER, BOOKKEPER, etc.  S. India of work done, as SPINK MILL Paul way  S. Mark BOOKKEPER, etc.  S. India of work done, as SILK MILL Paul way  S. Mark BOOKKEPER, etc.  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work done, as SILK MILL Paul way  S. India of work way of work way of work way related to occupation of deceased? Public Place (Address)  S. India of work way of work way related to occupation of deceased? Public Place (Address)  S. India of work way of work way related to occupation of deceased? Public Place (Address)  S. India of work way of work way related to occupation of deceased? Public Place (Address)  S. India of work way of work way related to occupation of deceased? Public Place (Address)  S. India of work way of work way of work way related to occupation of deceased? Public Place (Address)  S. India of work way of work wa		were as follows:	4
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, GEMATION, OR BEMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED (Act.  30. 1931 Mar. Aka A. Dille)  11. Total time (years)  spent in this occupation  Spent in this occupation  (Canses of importance:  (Address)  (Address)  Dither Coatribatory Canses of importance:  (Address)  (Address)  Dither Coatribatory Canses of importance:  (Address)  (Address)  Dither Coatribatory Canses of importance:  (Address)  (Address)  Mame of operation.  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  Action	kind of work done, as SPINNER, Tracelly SAWYER, BDOKKEEPER, etc.  Industry or business in which	acute certreular rhew-	dista
Dither Contributory Canses of importance:    12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc	marine 9	(19/3)
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFDRMANT  18. BURIAL, CREMATIDN, OR REMOVAL Place  Place  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. FILED  10. FILED  10. FILED  10. The Country  What test confirmed diagnosis?  Was there an autopsy?  23. If death was dua to external causes (VioLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER  CAddress  19. UNDERTAKER  CADILLEN  (Signed)  (Signed)  Was there an autopsy?  24. Was there an autopsy?  25. Heath was dua to external causes (VioLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER  CSPECIFY OF TOWNS, COUNTRY OF TO	12. BIRTHPLACE (city or town)	Ditter Contributory Canses of importance:  Accele cubo carbelis 10	1/15/3/
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFDRMANT  18. BURIAL, CREMATIDN, OR REMOVAL Place  Place  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. FILED  10. FILED  10. FILED  10. The Country  What test confirmed diagnosis?  Was there an autopsy?  23. If death was dua to external causes (VioLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER  CAddress  19. UNDERTAKER  CADILLEN  (Signed)  (Signed)  Was there an autopsy?  24. Was there an autopsy?  25. Heath was dua to external causes (VioLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER  CSPECIFY OF TOWNS, COUNTRY OF TO	13. NAME William Blows	heart 1	0/24
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFDRMANT  18. BURIAL, CREMATIDN, OR REMOVAL Place  Place  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. FILED  10. FILED  10. FILED  10. The Country  What test confirmed diagnosis?  Was there an autopsy?  23. If death was dua to external causes (VioLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER  CAddress  19. UNDERTAKER  CADILLEN  (Signed)  (Signed)  Was there an autopsy?  24. Was there an autopsy?  25. Heath was dua to external causes (VioLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER  CSPECIFY OF TOWNS, COUNTRY OF TO	14. BIRTHPLACE (city or town)	Name of operation Date of	
Where did injury occur?  17. INFDRMANT  (Address)  18. BURIAL, CREMATIDN, OR REMOVAL  Place Faugus  Date / / 3/ , 193/  19. UNDERTAKER  (Address)  20. FILED Oct. 30, 193/ Mas. Phase Scales  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  24. Was disease or injury in any way related to occupation of deceased? No. O. Specify  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (State of County o	(State of country)	What test confirmed diagnosis? Was there an autop	sy?
Where did injury occur?  17. INFDRMANT  (Address)  18. BURIAL, CREMATIDN, OR REMOVAL  Place Faugus  Date / / 3/ , 193/  19. UNDERTAKER  (Address)  20. FILED Oct. 30, 193/ Mas. Phase A Siller  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Nature of injury  24. Was disease or injury in any way related to occupation of deceased? No. (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (State of County	15. MAIDEN NAME Clava Regelo	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR BEMOVAL Place faughs Samplate / 9/3! / 193/  19. UNDERTAKER Paull of Albangh (Address)  24. Was disease or injury in any way related to occupation of deceased? The (Signed)  25. FILED Oct. 30, 1931 Mas. Physical Society (Signed)  (Signed)  (Signed)  Moner of injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.  (Manner of injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Signed)  M. D.	16. BIRTHPLACE (city or town) (Stata or country)  Manyland	Where did injury occur?	19
Place Faughs Compose 19/31/, 1931/  19. UNDERTAKER Powell & Offangh (Address)  24. Was disease or injury in any way related to occupation of deceased? No.  18 so, specify (Signed) Wageth Dellary M. D.  20. FILED Oct. 30, 1931 Mas. Phas S. Diller (Signed)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
20. FILED Oct. 30, 1931 Mas. Rhad S. Diller (Signed) Way Dellary M. D.	7/2 20 /2/2 /		
20. FILED DECK. SU, 1951 MAI D. AS WILL			v
	20. FILED Oct. 30, 1931 Mrs. Real S. Diller Registrar.	A CONTRACTOR OF THE STATE OF TH	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenterilis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration D	ist. No/	
Ward)	a hospital	occurred in or institu- its NAME in- street and

	· · · · · · · · · · · · · · · · · · ·
MEDICAL CERTIFICATE	OF DEATH
	18, 1931
17 I HEREBY CERTIFY, That I att	ended the deceased from
that I last saw h alive on Oef	174, 19281,
and that death occurred on the date stated The CAUSE OF DEATH * was as follows:  CENUTURE PLANS	
Contributory Cutinio - sel	2 yrsds.
(Signed) (Address) (Address) (Address)	Translog 14
*State the Discase Causing Death, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.	or, in deaths from jury; and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	tals, Institutions, Trans-
At place In the of deathyrsmosds. Sta	teyrsmosds.
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL Kriders Luther	DATE OF BURIAL
2D UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (18 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DRATH gaged in domestic service for wages, as Servant, to report specifically the occupations of person enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. not gainfully em-Wom-Cook

Streement of Cause of Death—Name, first, the Distant Cause of Death—Name, first, the Distant EAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepts ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"; Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Las fracture of skull, and consequences (e.g., sepsis, approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be FOR VIOLENT DEATHS State MEANS OF INJULY Example: Mcasles (disease etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is perturnmently filed.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (rcstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm tavorer, Lawrence of the en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neeesyrs). Farm laborer, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material If the occupation has been changed Laborer-Coal mine, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept-red-term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Mcasles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonihis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite dispase "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., scpsis, taken. For violent deaths state means of injuly ean be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train (seeondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic ," "Coma," "Convulsions, ete. The contributory valvular heart Measles ; discase;

If this certificate ie looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County	Registration Dist. No.
	Village or City Freen Mr Md (No. 2 FULL NAME Baly Poole	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE 5 SINGLE, MARRIED, WHOOVED OR MITTORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY; That I attended the deceased from
	6 DATE OF BIRTH	192 to
	/O 8 1.93/ (Month) (Day) (Year)	that I last saw halive on, 192, and that death occurred on the date stated above, at
	7 AGE    If LESS than   I day his.	The CAUSE OF DEATH & was do follows:
1	8 OCCUPATION (a) Trade, profession or particular kind of work	
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duralion) yrs. O mos. O de.
	9 BIRTHPLACE (State or country) Hampstead bed	Contributory Secondary  (Duration)
	10 NAME OF Corles 17, Poole	(Signed) Signed M. D.
	11 BIRTHPLACE OF FATHER (State or country) Freshing to but	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER Crossic (5, Lancher)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) for upstead	At place of death yrs mos da. State,yrs mos da. Where was disease contracted,
	(Informant) Clarline 7, Posle	if not at place of death?  Former or usual residence.
	(Address) Hampeland lud	Have festived Me Och 8 19 31
	15 Most of allowed Leister	20 UNDERTAKED ADDRESS

80

V. S Balto.. Requesting wore blanks are needed, address State Registrar, 16 W. Saratoga St.,

11010

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CACSING DEATH. ployed, as Al school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parenits can be known. The quesbusiness, that fact may be indicated thus: Farmen (re Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enlaborer, Farm laborer, Laborerwhatever, write None. ired 6 yrs.). (a), Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-The material

Lobar pneumonia, Bronchopneumonia ("Pneumonia." Typhoid fever (never report "Typhoid pneumenia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro" ed term for the same disease. Examples: Corebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Standment of Cause of Death-Name, first, the DIS-

> Theatt Notaenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the conditions, such as "Asthenia," "Anaemia" ...... (name origin; "Cancer" is less definite; avoid symptomatie), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or Homicidal, or "PUERPERAL septicuemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmns," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorcausing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway State cause vulsions," Whooping cough; Chronic valvular heart disease; of "contributory." FOR VIOLENT BEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) for which surgical operation was under-Never report mere symptoms or terminal (Recommendations on state-Example: Measles (disease The contributory Measles; (second-(merely

the certificate is permanently filed. bone answered in detail, it will prevent further correspond-gace. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

1931

4

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEN 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may be n back WIDOWED. BINDIN 7 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from at (Month) 7 AGE IIFLESS than and that death occurred on the date stated above at Alde supplied I day hrs. The CAUSE OF DEATH min.? SERVE See | OCCUPATION (a) Trade, profession or particular kind of work plai important. (b) General nature of industry business, or establishment in 2 ..(Duration) .....yrs.....mos..... which employed or (employer) Contributory ARGIN 9 BIRTHPLACE AT Secondary (State or country) be EA (Duration) DO 10 NAME OF OF (Signed) FATHER Shot II BIRTHPLACE CAUSE TION IS OF FATHER Z the the Disease Causing Death, or, in Causes, state (1) Means of Injury and deaths from (State or country) ATIO RE Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER (State or Country) Ö 0 Where was disease contracted, shoul of 14 THE ABOVE IS if not at place of death?. Every Item CIANS sho statement Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA (Address 20 UNDERTAKER If more bianks are needed, polire.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Physician, Compositor, Architect, gaged in domestic service for wages, as Scrvanl, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer, re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day (b) Automobile factory. The material Locomolive engineer, Grocery,

Styrement of Cause of Death—Name, first, the Tisea. Trausing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lober pneumonia, Bronchopneumonia ("Pneumonia").

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," American Medical Association.) tecommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condingenital," "Senile," etc.), "Dropsy," "Heart failure," "IIaemorrhage,"

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PHYSICIANS should state Every item of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

ARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH	350
1. PLACE OF	F DEATH				. /
County	Carroll			Registration Dist. No	14
Village or C	ity Sy pervil	11-5h	ing field	State Hospilat St.	Ward
Length of resid	dence in city or town where		//	death occurred in a horbital or institution, give its NAME instead of street and in the long in U.S. if of foreign birth?	
2. FULL NAI	11	A Ran	land		
(a) Residen	111 - 1.	Washing (Usual place)	of abode)	A sequentian, Mo	d State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male.	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 / (Year)
5a. If married, widow HUSBAND of	ed, or divorced			22 LHEBERY CERTIES That Laborate	
(or) WIFE of				Selection 1971 to Wirther 2	deceased from
6. DATE OF BIRTH (	month, day, end year)	0/ 2 1	860	10 -	; death is sald
7. AGE Year		Days	If LESS than	to have occurred on the dete stated above, at 9 00 m.	
71	1 2	1 -	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profes	ssion, or particular york done, as SPINNER BOOKKEEPER, etc.	16.11.16	Inh.	177	
	BOOKKEEPER, etc	W DALAH KL	eaus	My reardily & Chronil	1
SAW MIL	done, as SILK MILL, L, BANK, etc			farenenymassus ruppulus	
O 10 Date decease	ed last worked at pation (month and	11. Total sp oc	time (years) ent in this cupation		
12. BIRTHPLACE (cit	War town Upshi	is low to.	Md.	Other Contributory Causes of importance:	one
(State or coun				aledema of Lungs	11 days
13. NAME /30	mjaman 1+,	dowla	nd		
4 14. BIRTHPLACE		unglow (	o. md.	Name of operation Date of	
(State of	11.	4	/	What test confirmed diagnosis? Wes there an	eutopsy?
15. MAIOEN NA	ME BUGA U	· Juns	1. 141	23. If death was due to external ceuses (VIOL ENCE) fill in also the following	•
16. BIRTHPLACE		umgen	con ora	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19
17. INFORMANT	oxpilal Kees	rds	Il was	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ite) LACE,
(Address) 5	· N. IN M. W. Commission of	our Ol	2 4 4 13 1	Manner of injury	
Liace		Date .	111111111111111111111111111111111111111	Nature of Injury	
19. UNDERTAKER		COAS	Sign	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	2 3.0	1/	5/	If so, specify (Signed) MMM & Welherred	M D
20. FILED	, 192)	any,	Registrar.	(Address) S. G. Storp. Sy full ville,	Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	7
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

ARGIN RESERVED

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BUB-YI V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

N. B.

	PLACE OF DEATH County Languel	1852 STATE OF MARYLAND CERTIFICATE OF DEATH
	WITHIN CORPORATE LIMITE OF	Registration Dist. No. 76
Vil	lage or City Westernis Of Starte Kessler	Hehaeffer (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	A COLOR OR RACE SEINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	October (Month) 20 (Day) 931 (Year)
6 0	(Month) (Day) (Year)	that I last saw h un alive on Celoby 20, 1934,
7 A	7 8 yrs. 9 mos. 21 ds. or min.?	and that death occurred on the date stated above, at
) (p	occupation a) Trade, profession or articular kind of work b) General nature of industry	Galmonory Thocubasia -
9 b	usiness, or establishment in Haulan which employed or (employer)	Contributory d'iobetes Melleties -
9 6	10 NAME OF Moral Achaetter	Secondary  (Duration) yis mos ds.  (Signed) M. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Cossel Co. Inny few d	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Elizabeth Kessler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Cassole Co, Md.	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
14	(Informant) Monta J. Haw  (Address) Westernester, Md.	Former or usual residence
15	Filed Oct. 21st 131 Plan Fragle	J.a. Shaves How Westwinster
	If more banks are needed, addas. a State Registran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Former or Plonter, Physician, Compositor, Architect, Locomolive engineer, fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farme (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screent, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Solesman, sary to know Civil engineer, Stationary firemon, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been charged to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Doy (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on -Coal mine, etc. (6) Grocery, Wom-

Statement of Cause of Death—Name, first, the Distance Converse of Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospin fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perstonitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic volvular heart disease; Example: Measles (disease etc. The contributory Nomenclature Always qualify all

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Ward

(Year)

(Day)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	11854 STATE OF MARYLAND
Count Carrall	- CERTIFICATE OF DEATH
Year 1 and	Registration Dist. No.
Village or City Vanuuown (No	St: Ward) (If death occurred in a hospital or Institu-
2FULL NAME TINO Sarah Ellen	Short iton, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED MANUEL	16 DATE OF DEATH PAT 15-DI 1001
MARKIEBO MANAGE OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Vary 29 1854	0 T 10 W 1981 . to O T 3 TT, 1981.
(Month) (Day) (Year)	that I last saw here alive on
7 AGE V If LESS than	and that death occurred on the date stated above, at 1 200 m.
77 yrs. 8 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
R OCCUPATION	Gerosal Hemorlan
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) — yrs. — mos 3 ds.
which employed or (employer)	Contributory O Menter Colonisio
9 BIRTHPLACE (State or country)	Secondary (Durstion) 1 yrs mos ds.
10 NAME OF	(Signed) D. M. Remer M. D.
FATHER Jamuel 13. 20x	205/5-17 1981 (Address) Janey Town MI
OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF FATHER (State or country)  12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Mother Mary Unn Young	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) town that	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sanlytown, me	Ruprille, ml Oct 18. 1931
15 Filed Oct. 16 193/ Mary B. Wilt	20 UNDERTAKER  LO DE SUS DE SON D'ANGUE TOUR TOUR
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc.. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emyrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal minc, etc. material Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> \* American Medical Association.) inges, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., scpsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock, contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORB LY, WITH UNFADING INK--THIS IS A PERMANE WRITE PL

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	11855 STATE OF MARYLAND CERTIFICATE OF DEATH
County Coaves	Registration Dist. No. 70
Village or City hear Janey towork  2FULL NAME Tras Laura gan	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), (Day), (Year)
6 DATE OF BIRTH  (Month) (Day) (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from [O. J. 198], to [O. J. J. 198], that I last saw h. La alive on [O. J. J. J. 198],
7 AGE  8 yrs. 9 mos. 13 ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Deces ou vermousige
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
9 BIRTHPLACE (State or country)	Secondary (Duration) 3 yrs mos de.
10 NAME OF FATHER Samuel Plugle	(Signed) / A B emar M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Magdalene Shelmiber	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence.
(Address) Danietown md	Reformed Sanction Oct 16, 1931
15 Filed Oct 16, 182 Mary B July Registrar	20 UNDERTAKER SON JANUATOWN MA
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (o) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an business, that fact may be indicated thus; larmar (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Cool mine, etc. (b) Cotton mill; (a) Solesmon. without more precise specification as Doy (b) Automobile foctory. The materia. For persons who have no occupation If the occupation has been changed single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiant fever (the only definite synonym is "Epidemic cerebrospian meningitis"); Diphtheria (avoid use of "Croun"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicocnia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway troindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary Chronic interstitial nephritis, Whooping ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need not be Committee Chronic valvular heart disease; on Nomenclature of the etc. The contributory Always qualify all

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BINDING

FOR

ARGIN RESERVED

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Example I	4.7	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 76 (If death occurred in a hospital or institu-tion, give its NAME in-Ward) stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED BINDING OR DIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH Wear) IIf LESS than 7 AGE and that death occurred on the date stated above, at .... I day hrs. The CAUSE OF DEATH ESERVE 8. OCCUPATION (a) Trade, profession or Ruyes particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 1923/ (Address) II BIRTHPLACE Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. RENTS OF FATHER CAUSI state CAUS (State or (country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER yrs.....ds. State yrs mos ds. (State or Country) ould of o Where was disease contracted, if not at place of dea.h?..... Former or Sh usual residence. Every it DATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Address) 20 If more bianks are needed, address Ltate Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The n.ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (seçondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus," "Old Age," "Shock, Chronic valvular heart Example: Measles (disease etc. The contributory Nomenclature Always qualify all disease;

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OCT 24 1931

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PARENTS

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See instructions on back

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PLACE OF DEATH

Village or City Henryton.

County Carroll

Maryland Tuberculosis Sanatorium

(Colored Branch)

STATE OF MARYLAND CERTIFICATE OF DEATH

Dist.	No.	74
	Dist.	Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME instead of street and number.)

Richard Sutton **2FULL NAME** 

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single.  Male Colored Single.  Married.  Midowed. Divorcedivorce (Write the word)	d Oct., 28, 1931 , 192 (Month) (Day) (Year)
Mar., 15, 1895 , 1 (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from Sept., 16, 1931, to Oct., 28, 1931, that I last saw h er alive on Oct., 28, 1931, 192
AGE    If LESS the   I day hear	s. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Ousiness, or establishment in which employed or (employer)	Pulmonary Tuberculosis  (Duration) 0 yrs 4 mos 16 de
(State or country) North Carolina	Contributory Secondary  (Duration)  Tree mos de
10 NAME OF Augustus Sutton	(Signed) M.D. Millel M.D.
OF FATHER (State or country) North Carolina	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Emma Smith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of MOTHER (State or Country) North Carolina	At place O yrs 1 mos 12 ds. In the State 8 yrs 0 mos 0 ds
(Informant)	
(Address) Henryton, Maryland	Bhasin. N. C. Oct 30, 19 30
Filed 10/28/31192 The Orice	20 UNDERTAKER ADDRESS / 6 27

If more branks are needed, address State Registrar, A6 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... (if death occurred in a hospital or institu-tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE, MARRIED, MARRIED, WIDOWED. 3 SEX 16 DATE OF DEATH OR DIVORCED (Write the word) .....(Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) IIf LESS than 7 AGE and that death occurred on the date stated above, at, I day hrs. The CAUSE OF DEATH \* was as follows: OCCUPATION particular kind of work Heleved Farmer Trade, profession or ë (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 10/2 1920 1 (Address) World 11 BIRTHPLACE ARENTS OF FATHER \*State the Disease Causing Death, or, in d state CAUSI Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place of death ......yrs.....mos.....ds. OF MOTHER State......ds. (State or Country) Where was disease contracted, if not at place of death?..... should Former or Every it DATE OF BURIA statem If more branks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISTERANE (NUSING DEATH (the primary affection with respect, to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Cappitoved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilwoy traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; " "Marasmus," "Old Age," "Shock, Chronic valvular heart diseose; etc. The contributory Nomenclature not be

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ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 11860
County learnall	Registration Dist. No. 75
Village or City Manchester	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long lo U.S. if of foreign birth?yrsmosds.
2. FULL NAME Juliah Wes	3
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter le Worte	22.   HEREBY CERTIFY. That I attended deceased from 1930, to 1931
6. DATE OF BIRTH (month, day, and year) March 07:18	I last saw half alive on Cleff 6 , 193 ( ; death is seid
7. AGE Years Months Deys If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:  Date of onset
kind of work done, as SPINNER, August Wyf SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL.	renal disease Indet-
CAW MILL DAMY -A-	miles
TO. Date deceased last worked at this occupation (month and year) spant in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	10/4/3/
1 200	
13. NAME John J. Kaller 14. BIRTHPLACE (city or town)	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME hus, Warren	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME W	Accident, sulcide, or homicide? Date of injury, 19
(State ar country) Permia	Where did injury occur?
17. INFORMANT Havey by Westy Met	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Manchester Date 01, 1931	Nature of injury
19. UNDERTAKER Jacol Warks Demon	24. Wes disease or injury in any way related to occupation of deceased?
20 FILED Oct, 8, 19.31 Mrs. Jr. g. S. Device Registrar.	(Signed) W. P. Strawell M. D.  (Address) Marchette & Ind
Registrat.	(NUUICOS) /-K-3-3-3-4-1

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be	complete.	an	occupation	return	must	state:
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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gistiones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and certificate. **2FULL NAME** number.) properly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 46 DATE OF DEATH MARRIED. pe may be n back BINDING WIDOWED OR DIVORCED pinous (Write the word 6 DATE OF BIRTH instructions that (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH \* was as follows: terms ERVED 8 OCCUPATION (a) Trade, profession or particular kind of work in plai (b) General nature of industry business, or establishment in (Duration) .....yrs..... which employed or (employer) Contributory 9 BIRTHPLACE ARGIN Secondary (State or country) very OO 10 NAME OF (Signed) FATHER P CAUSE O 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death. (State or Country) CIANS should statement of OC Where was disease contracted, if not at place of dea.h?.... Former or usual residence ADDRESS If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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fired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken laborer, Physician, Compositor, Architect, Locomolive engineer, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. not gainfully emfarmer (re-

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